

**Lexington-Fayette Urban County Government**  
Division of Parks and Recreation

**PARKS  
& RECREATION  
LEXINGTON, KY**

## **YOUTH COACHING APPLICATION PROCEDURE**

Anyone interested in volunteering to coach a youth sport must complete five steps:

**1) Complete a Coaching Application Package.**

*Package is available through the Athletics Office and must be returned to the Athletics Office.*

Package includes:

a) Coaching Application and Coaching Contract

The coaching application provides background information relative to the particular sport and working with youth. By signing the coaching contract an individual acknowledges expectations and responsibilities as a youth coach, the rights of young athletes, and commitment to conduct in accordance with the Code of Ethics for Coaches.

b) Volunteer Policy and Volunteer Agreement

By signing the volunteer agreement an individual acknowledges receipt and understanding of the rights and responsibilities of a volunteer and acceptance of those responsibilities.

c) General Application

Provides contact information and information for Record Check.

d) Record Check Authorization

Authorizes Lexington-Fayette Urban County Government to process a Record Check.

**2) Pass a Record Check.**

*After Record Check approval has been received by the Athletics Office.*

**3) Head Coach applicants meet with the Assistant Athletic Director responsible for coach selections for the program.**

**4) Assistant Coach applicants meet with the Assistant Athletic Director and/or League Supervisor.**

**5) All individuals selected for coaching positions must attend a Coaches Certification Session as scheduled by the Athletics Office.**

Our certification sessions provide training and guidelines regarding safety, working with youth, sports specific rules and recommendations, and general policies.

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**Coaching Application Form**

Name \_\_\_\_\_ Telephone: Home \_\_\_\_\_

Address \_\_\_\_\_ Business \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Sex:     Male       Female       Are you 18 years or older?     Yes     No

1. What is the sport for which you are applying to coach? \_\_\_\_\_

*Note:* The sport you have written in here will be referred to as *this sport* in the remainder of questionnaire.

2. Why do you want to coach this sport? (Be specific.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Coaching Background**

3. Have you played this sport?     Yes     No

4. Have you coached this sport?       Yes     No       Number of years \_\_\_\_\_

5. Please rate your knowledge of the following topics with regard to this sport by circling the appropriate number.

1 = You know very little about it / 2 = You have reasonably good knowledge about it / 3 = You know a great deal about it

1   2   3   Skills and strategies of the sport

1   2   3   Developing sportsmanship

1   2   3   Rules of the sport

1   2   3   Communication skills

1   2   3   Organizing practices

1   2   3   Warm-up and physical

1   2   3   Equipment needs and specifications

1   2   3   Working with parents

1   2   3   Injury prevention and treatment

1   2   3   Principles for teaching sport skills

1   2   3   Legal duties

1   2   3   Managing time

6. Please list the name, address, and telephone number (if available) of two persons who can attest to your coaching potential. One should be your most recent supervisor.

Name

Address

Telephone

\_\_\_\_\_

\_\_\_\_\_

7. How would you conduct a typical practice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(continued on reverse side)*

8. How familiar are you with the rules of this sport? \_\_\_\_\_

9. How would you describe your coaching philosophy? \_\_\_\_\_

10. Have you had other experiences in teaching or directing young people? \_\_\_\_\_

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**Coaching Contract**

I understand that my responsibilities as a youth coach are of great importance and that my actions have the potential to significantly influence the young athletes I coach. Therefore, I promise to uphold the following rights of young athletes to the best of my ability.

- Right to participate in sports.
- Right to participate at a level commensurate with each child's maturity and ability.
- Right to have qualified adult leadership.
- Right to play as a child and not as an adult.
- Right to share in the leadership and decision making of sport participation.
- Right to participate in safe and healthy environments.
- Right to proper preparation for participation in sports.
- Right to an equal opportunity to strive for success.
- Right to be treated with dignity.
- Right to have fun in sports.

I also promise to conduct myself in accordance with the Code of Ethics for Coaches as outlined here.

1. I will treat each athlete, opposing coach, official, parent, and administrator with respect and dignity.
2. I will do my best to learn the fundamental skills, teaching and evaluation techniques, and strategies of my sport.
3. I will become thoroughly familiar with the rules of my sport.
4. I will become familiar with the objectives of the youth sport program with which I am affiliated.
5. I will strive to achieve these objectives and communicate them to my athletes and their parents.
6. I will uphold the authority of officials who are assigned to the contests in which I coach, and I will assist them in every way to conduct a fair and impartial competitive contest.
7. I will learn the strengths and weaknesses of my athletes so that I might place them in situations where they have a maximum opportunity to achieve success.
8. I will conduct my practices and contests so that all athletes have an opportunity to improve their skills through active participation.
9. I will communicate to my athletes and their parents the rights and responsibilities of individuals on our team.
10. I will cooperate with the administrator of our organization in the enforcement of rules and regulations, and I will report any irregularities that violate sound competitive practices.
11. I will protect the health and safety of my athletes by insisting that all of the activities under my control are conducted for their psychological and physiological welfare, rather than for the vicarious interests of adults.

With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understood, and will do my best to fulfill the promises made herein if approved as a youth sports coach.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sport \_\_\_\_\_ League Location Requested \_\_\_\_\_

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**VOLUNTEER in YOUTH SPORTS**

**DEPARTMENT OF ATHLETICS**

The Division of Parks and Recreation strives to promote the ideals of teamwork, physical conditioning, sportsmanship and acceptable behavior at all sports-related events. It is imperative that leaders ensure an environment that will provide these ideals. Volunteers in Youth Sports activities conducted by the Department of Athletics include, but are not limited to, head or assistant coaches.

All potential volunteers in youth sports must sign a Volunteer Agreement that acknowledges responsibilities and conditions of continued service, complete a Screening Application\* to be used for an individual background check. Coaches and assistant coaches will be required to participate in a clinic that includes general guidelines and sports specific skills. Failure to successfully complete any part of this volunteer process may exclude an individual from volunteer service.

\*The Screening Application [first page of LFUCG General Application for Employment] will require information that will be used to process a background check on the individual volunteer. Failure to disclose, or falsification of, any conviction(s), including those that have been merged, shall result in automatic rejection of the individual's application. Should the background check indicate convictions of misdemeanors, felonies, or violations the specific situation will be reviewed. Convictions including, but not limited to, sexual misconduct, drugs, violence, will eliminate an individual as a prospective volunteer. Convictions related to the use of alcohol may also eliminate an individual as a prospective volunteer. If an individual is charged with a misdemeanor, felony, or violation while serving as a volunteer, the individual will be immediately suspended upon confirmation of the charges being made and until the charges are resolved. If the individual is convicted of the charges he/she will be removed or reinstated with restrictions.

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**YOUTH SPORTS VOLUNTEER AGREEMENT**

As a volunteer in a youth sport sponsored by the Lexington-Fayette Urban County Government Division of Parks and Recreation, I understand the importance of the role my presence has on those young people with whom I associate. In this regard, I acknowledge that a Screening Application will be processed, the results of which may effect my selection as a volunteer or result in restrictions on my service as a volunteer. I further understand that, while I am associated with these youth and acting as a representative of the Division of Parks and Recreation, smoking, the use of profanity, any use of illegal drugs or alcohol, etc. will not be tolerated in the presence of any team or team member on or off the league/activity site. If I am charged with a misdemeanor, felony, or violation while serving as a volunteer, I may be immediately suspended upon confirmation of the nature of the charges being made and until the charges are resolved. If I am convicted of the charges I may be removed from my volunteer role.

I have received a copy of the Lexington-Fayette Urban County Government Division of Parks and Recreation Physical/Verbal Altercation Policy and playing rules of the sport. I understand that I am totally responsible to the League Supervisor and the Division of Parks and Recreation for my actions as related to participation in this sports activity in accordance with the Physical/Verbal Altercation Policy and playing rules. Any unethical, flagrant or unsportsmanlike conduct, including, but not limited to, fighting, verbal abuse or racial and gender epithets involving fans, coaches, and/or players, will not be tolerated and may result in my suspension or expulsion from the sport, and possibly, all youth activities that are sponsored by the Lexington-Fayette Urban County Government Division of Parks and Recreation. Furthermore, I agree to abide by all rules and regulations concerning all facilities secured by the Division of Parks and Recreation. If I am found to be responsible for damaging any facility, I will be held accountable and will make full restitution to the facility. This agreement covers willful damage of property from acts of temper, violence, or negligence before, during and after athletic contests.

The stipulations in this agreement relate to my initial placement as a volunteer in youth sports as well as establishing conditions of continued service. The essence of responsibility at this level of competition is to teach, and to emphasize the importance of sportsmanship toward all participants, parents, coaches, and officials.

*My signature acknowledges that I have read and understand the responsibilities and provisions above.*

\_\_\_\_\_  
[Print Name]

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Sport/Activity]

\_\_\_\_\_  
[Site of League/Activity]

\_\_\_\_\_  
[Team Name]

**YOUTH SPORT--VOLUNTEER COACH APPLICATION** *All coaches must be 18 years old or older.*

Applying for: ☐ Head Coach ☐ Assistant Coach ☐ As Needed

Location/Park Request: \_\_\_\_\_ Age Division Request: \_\_\_\_\_

**GENERAL APPLICATION**

Lexington-Fayette Urban County Government, 200 East Main Street – Lexington KY 40507  
AN EQUAL OPPORTUNITY EMPLOYER

PRINT IN BLACK/BLUE INK OR TYPE ALL ANSWERS, YOU SHOULD READ ALL ITEMS AND FILL IN APPLICATION COMPLETELY.  
IF MORE SPACE IS NEEDED, ADDITIONAL FORMS MAY BE REQUESTED.

The completed application and all supporting documents, when submitted to the Division of Human Resources, become the property of the Urban County Government.

Social Security Number ☐☐☐-☐☐-☐☐☐☐

When can you begin? \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code How Long? \_\_\_\_ Years

Phone: ☐☐☐-☐☐☐-☐☐☐☐

Recruitment by: (Check all applicable)

☐ Personal contact ☐ Television ☐ Radio  
☐ Newspaper/Magazine ☐ Web Site ☐ Other

Are you 18 years of age or older?  
☐ Yes ☐ No

Remarks: \_\_\_\_\_

Have you ever been known by any other name? ☐ Yes ☐ No If yes, please state name(s): \_\_\_\_\_

Have you been convicted of any **MISDEMEANOR, FELONY OR VIOLATIONS, INCLUDING DRIVING UNDER THE INFLUENCE (DUI), LEAVING THE SCENE OF AN ACCIDENT OR NOT REPORTING AN ACCIDENT** as an adult eighteen (18) years or older? ☐ Yes ☐ No. We will automatically check the State of Kentucky for you. However, you must list below all convictions outside Kentucky. A conviction includes any fines paid, jail sentences, probation served. Conviction of a crime is not an automatic rejection. The specific situation will be reviewed. **\*\*\*Must check Yes/No box above and list all offenses in Kentucky and outside of Kentucky.**

Type	Offense	Date	County/State	Disposition
<i>Misdemeanors, Felonies and Violations as an adult eighteen (18) years or older</i>				

Have you been convicted of any **TRAFFIC AND MOVING VIOLATIONS** in the last five years? ☐ Yes ☐ No. We will automatically check the State of Kentucky for you. However, you must list below all convictions outside Kentucky. A conviction includes any fines paid, jail sentences, probation served or traffic school(s) attended (omit parking tickets). Conviction of a crime is not an automatic rejection. The specific situation will be reviewed. If the position for which you are applying requires a driver's license or CDL, failure to disclose or falsification of any traffic conviction(s) including those which have been merged may result in automatic rejection of the application. **\*\*\*Must check Yes/No box above and list all offenses in Kentucky and outside of Kentucky.**

Type	Offense	Date	County/State	Disposition
<i>Traffic and Moving Violations in the last five (5) years.</i>				

In the five years prior to application date, have you ever been involved in any motor vehicle accidents? ☐ Yes ☐ No. If yes list below.

Date	County/City/State	At Fault

Submit documentation substantiating accidents listed above which were not at fault, otherwise accidents will be counted toward the driving points total. If documentation cannot be obtained, the following statement may be used:

I \_\_\_\_\_, certify that no citations were issued indicating I was at fault or the cause of an accident(s), and that insurance investigator did not find negligence on my behalf. I further certify that my accident(s) on \_\_\_\_\_ was/were not my fault.

REQUEST FOR RECORDS CHECK  
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT  
DATE OF REQUEST \_\_\_\_\_

APPLICANT: PLEASE COMPLETE THIS SECTION (PLEASE PRINT)

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

Have you ever been known by any other name? ☐ Yes ☐ No

If yes, please state name(s): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET NAME, APARTMENT #, ETC.

\_\_\_\_\_  
CITY STATE ZIP COUNTY From To  
DATES OF RESIDENCE

PREVIOUS ADDRESSES: \_\_\_\_\_  
STREET NAME, APARTMENT #, ETC.

(Must include last 5 years space on reverse side)  
\_\_\_\_\_  
CITY STATE ZIP COUNTY From To  
DATES OF RESIDENCE

\_\_\_\_\_  
STREET NAME, APARTMENT #, ETC.

\_\_\_\_\_  
CITY STATE ZIP COUNTY From To  
DATES OF RESIDENCE

DESCRIPTION: SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

I, \_\_\_\_\_, have applied for employment with the Lexington-Fayette Urban County Government. Please fill in the reverse side of this form and return it to:

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT, DIVISION OF HUMAN RESOURCES  
200 EAST MAIN STREET, LEXINGTON, KY 40507

This will authorize your agency to disclose to the Division of Human Resources, Lexington-Fayette Urban County Government, any and all information in your office's possession pertaining in any way to me and any conviction of any felony, misdemeanor or violation that I have as an adult.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

ATTENTION LAW ENFORCEMENT AGENCY: PLEASE COMPLETE THE FORM ON THE BACK SIDE OF THIS RECORD CHECK AUTHORIZATION FORM AND RETURN IT TO OUR OFFICE IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE AS SOON AS POSSIBLE.

THANK YOU FOR YOUR COOPERATION.